FEC FORM 3

Office

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

SECRETARY LET SENATE PUBLIC SUIT 03

15 JAN 29 PM 3: 13

FEC FORM 3

| FORM 3 | For An Authorized Committee | | | Office Use Only | |
|--|--|----------------------|--|--|---|
| 1. NAME OF COMMITTEE (in | TYPE OR PRI | INT ▼ | Example: If typing, type over the lines. | 12FE4M5 | • |
| FRIENDS OF | NANCY MACE | | <u> </u> | <u> </u> | |
| | | | | | |
| ADDRESS (number an | | FARMS DRIVE SU | JITE C-186 | | |
| Check if dif than previous reported. (A | JSIV : CHARLEST | ÖN | | SC 2949 | 2 |
| 2. FEC IDENTIFIC | CATION NUMBER | CITY | \ | STATE A | ZIP CODE |
| C C0054929 | 95 | 3. IS THIS REPORT | *** | AMENDED (A) | STATE ▼ DISTRIC |
| (a) Quarterly Re April 15 July 15 Cottober X January | PORT (Choose One) eports: Quarterly Report (Q1) Quarterly Report (Q2) 15 Quarterly Report (Q3) 31 Year-End Report (YE) | Election | OST-Election Report for General (30G) | General (12G) Special (12S) / / / / / / / / / / / / / / / / / / / | in the State of Special (30S) in the State of |
| 5. Covering Period | M M M / D D 25 | / <u> </u> | through | 12 | Y 4 Y 4 Y 2 2014 |
| I certify that I have ex Type or Print Name o | | to the best of my | knowledge and belief it | is true, correct and com | ıplete. |
| Signature of Treasurer | (2 | | | Date 01 / | 26 / 2015 _ |
| NOTE: Submission of fa | alse, erroneous, or incomp | lete information m | av subject the person signi | ing this Report to the per | nalties of 2 LLS C 8437c |